

RIGHTS AND RESPONSIBILITIES INFORMATION SHEETS

Rights

1. A patient has the right to be treated with courtesy and respect, with appreciation of his/her individual dignity, protection of his/her need for privacy and receive care in a safe environment free from all forms of abuse and harassment.
2. A patient has the right to make informed decisions regarding their care and receive a prompt and reasonable response to questions and requests.
3. A patient has the right to know who is providing medical services and who is responsible for his or her care.
4. A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
5. A patient has the right to know what rules and regulations apply to his or her conduct and exercise his or her rights without being subjected to discrimination or reprisal.
6. A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and expected outcome/prognosis before it is performed.
7. A patient has the right to refuse any treatment, except as otherwise provided by law.
8. A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
9. A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
10. A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
11. A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
12. A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.
13. A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
14. A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.
15. A patient has the right to express grievances regarding any violation of his or her rights and /or voice grievance regarding treatment of care that is (or fails to be) furnished. The patient or their representative can report grievances to any of the following:

Becky Hentsch, Center Director
Digestive Wellness Center
3939 S. Cleveland Massillon Rd.
Norton, OH 44203
(330) 237-1058 ext: 235

Ohio Department of Health
246 North High Street
Columbus, OH 43215
1-800-342-0553 (Complaint Helpline-State Survey Agency)

Medicare Beneficiary Ombudsman
1-800-Medicare (1-800-633-4227)
www.medicare.gov (Follow Ombudsman link on the right column)

Responsibilities

1. A patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
2. A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.
3. A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
4. A patient is responsible for following the treatment plan recommended by the health care provider.
5. A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.
6. A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
7. A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
8. A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.

ADVANCE DIRECTIVES

Federal Law directs that any time you are admitted to a health care facility, you must be told about laws concerning your right to make health care decisions. This applies to all patients, no matter what their medical condition. You have the right to consent or refuse any medical care and treatment, unless care is ordered by a court.

In an emergency, your consent to resuscitation (CPR), medical care, and treatment is assumed. In order to be in compliance with the Self-Determination Act (PSDA) and State laws and rules regarding advance directives, we will be asking if you have any type of advance directive such as a living will or durable power of attorney. If you do not, this facility's staff will offer you information on how to make an advance directive. Because this is an ambulatory setting, any Advanced Directive to withhold resuscitation (CPR) will not be honored while you are in this facility. Should you suffer a cardiac or respiratory arrest or other life threatening emergency, this signed consent implies consent for resuscitation and transfer to a higher level of care. Therefore, in accordance with federal and state law, The Digestive Wellness Center, LLC is notifying you that we will **NOT** honor any previously signed advanced directives for any patient.

I WAS NOTIFIED VERBALLY AND IN WRITTEN FORM OF MY RIGHTS AND RESPONSIBILITIES, AS WELL AS, THE CENTERS POLICY ON ADVANCE DIRECTIVES PRIOR TO THE DATE OF MY PROCEDURE, AND HAVE READ AND FULLY UNDERSTOOD THE ABOVE.

Patient Signature

Witness Signature

Date